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ABSTRACT

Data from public and private sectors reveal that few persons stay in psychotherapy long enough to be classified as "long-term" clients. Those who do remain in psychotherapy for a long time are rarely studied because attention has generally been focused on terminators. Demographic, treatment, and psychometric characteristics of 64 long-term clients, i.e., those attending 25 or more sessions, and 88 short-term clients, i.e., those attending fewer than 25 sessions were investigated to determine those variables predictive of long-term stay in psychotherapy. Data were derived entirely from client records. Results indicated there were no differences between long- and short-term clients in terms of age, sex, occupation, IQ, education level, marital status, or presenting problem. The MMPI (Minnesota Multiphasic Personality Inventory) differences suggested that long-term clients were characterized at intake by a more self-critical attitude: less ego strength: greater disturbances in physical functioning: higher anxiety, depression, and confusion: more family disturbances: and greater social isolation. Long-term clients were also more likely to take psychoactive medicine during treatment and to have more insurance coverage than were short-term clients. (Author/HLM)

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Descriptive Characteristics of Long-Term Private Practice Psychotherapy Clients

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Descriptive characteristics of long-term

private practice psychotherapy clients

Mary P. Koss, Kent State University Sponsor: Horace A. Page

Demographic, treatment, and psychometric characteristics of 64 "long-term" and 88 "short-term" clients of a private psychological clinic were compared. Several significant differences were found but stepwise multiple regression revealed that MMPI scales 2 and 0 were more predictive of long-term stay than other variables including concurrent medication and insurance coverage.

topical session: clinical, therapy, counseling

audio-visuals: poster

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Descriptive Characteristics of Long-term Private Practice Psychotherapy Clients

Topical session: Clinical, psychotherapy, counseling

Major Purpose

Data from public and private treatment sectors indicate that few people stay in psychotherapy long enough to be classified "long-term" clients (e.g. Garfield & Kurz, 1952; Koss, 1979). Clients who remain in psychotherapy a very long time have rarely been studied because attention has been focused on psychotherapy terminators. A descriptive analysis of the variables predictive of long-term stay in psychotherapy would be valuable. It would increase our understanding of the relative indications for long and short-term techniques. Such data would also interest public policy planners and insurance companies because long-term clients, although a numerical minority, account for a large proportion of benefit payments.

Method

The study was conducted in a private psychological clinic staffed by nine experienced and licensed therapists. Long-term clients were the total number of persons who entered psychotherapy between 1975 and 1977 and who stayed in treatment 25 sessions or longer ($N = 64$, $\bar{X}$ sessions = 47). These clients were supplemented by a randomly selected group of short-term clients who entered psychotherapy during the same years but who stayed less than 25 sessions ($N = 88$, $\bar{X}$ sessions = 7). All clients were well-educated, middle to upper social class, and mildly to moderately disturbed.

Data for the study were derived entirely from clients' records. Demographic (age, sex, marital status, IQ, education, and occupation) and diagnostic variables (DSM-II diagnosis and major presenting problem) were

obtained for sample comparison purposes. The variables chosen for investigation in this study consisted of two treatment variables, the possession of insurance coverage and the use of medication during psychotherapy, that past research (Koss, in press) had demonstrated were more characteristic of long-term than short-term clients; as well as psychometric data (T-scores on the validity and clinical scales of the MMPI, K corrected, available for 0 short-term and 30 long-term clients). The psychometric data had not been available in previous studies of private practice clients.

Results

There were no sex, age, occupation, education, marital status, IQ, or educational differences between long and short-term clients. There were no differences in terms of diagnostic category or presenting complaint.

The results of previous research regarding treatment variables were replicated in that long-term clients were again found to be more likely to take psychoactive medication ($\underline{X}^2 = 10.99$, $\underline{p} < .001$) and were more likely to have insurance than the short-term group ($\underline{X}^2 = 5.25$, $\underline{p} < .05$). In addition, long-term clients scored higher on 7 of the MMPI scales:

F	(Infrequency)	($\underline{t} = -3.16$, $\underline{p} < .01$)
1	(Hypochondriasis)	($\underline{t} = -2.18$, $\underline{p} < .05$)
2	(Depression)	($\underline{t} = -3.78$, $\underline{p} < .001$)
4	(Psychopathic Deviate)	($\underline{t} = -2.00$, $\underline{p} < .05$)
7	(Psychasthenia)	($\underline{t} = -2.38$, $\underline{p} < .05$)
8	(Schizophrenia)	($\underline{t} = -2.83$, $\underline{p} < .01$)
0	(Social Introversion)	($\underline{t} = -2.60$, $\underline{p} < .05$)

Long-term clients also scored lower on the K scale (subtle defensiveness) ($\underline{t} = 2.11$, $\underline{p} < .05$) than short-term clients did.

Multiple Regression Analyses

For these analyses the two groups of clients were considered as a single sample. Number of sessions was the dependent variable and the other variables were used to predict it. Since MMPI scores were available on only half of the sample, it was decided to perform two separate multiple regressions. The first analysis examined the contribution of the treatment variables to the prediction of length of stay among all clients. A second analysis (restricted to the 70 clients who had intake MMPi's) examined the additional contribution made to prediction of length of stay by the psychometric variables.

The following variables were found to correlate significantly with the overall number of sessions ($p < .05$):

	r
Insurance	.28
Medication	.36
F Scale (Infrequency)	.40
K Scale (Subtle Defensiveness)	-.20
Scale 1 (Hypochondriasis)	.35
Scale 2 (Depression)	.48
Scale 4 (Psychopathic Deviate)	.24
Scale 7 (Psychasthenia)	.40
Scale 8 (Schizophrenia)	.40
Scale 0 (Social Introversion)	.47

The first regression analysis revealed that in the absence of MMPI data, the variable of insurance coverage contributed significantly to the prediction of length of stay (Beta = -.269, $F = 12.37$, $p < .001$) as did medication (Beta = -.240, $F = 9.84$, $p < .001$). Together these two variables accounted for 14% of the total variance. However, when the psychometric data were added to the treatment variables and a second regression analysis run, only MMPI Scale 2

(Beta = .330, F = 7.87, p <.001) and Scale 0 (Beta = .301, F = 6.55, p <.01) contributed to the prediction of number of sessions. Together these variables accounted for 30% of the variance.

Discussion

The results of this study indicated that clients who chose to remain in psychotherapy in a private practice setting longer than 25 sessions differed on several dimensions from clients who terminated their treatment earlier. The differences seemed to be more of degree than of kind. That is, long-term clients were not found to differ from short-term clients in the types of problems they presented with, in the diagnoses they received, or on the major demographic variables. These findings are consistent with existing literature (Garfield, 1978). Within this general framework of similarity, however, long-term clients were found to be relatively more disturbed than short-term clients.

The MMPI differences suggested that long-term clients were characterized at intake by a more self-critical attitude, less ego strength, greater disturbances in physical functioning, more anxiety, depression, confusion and unproductive rumination, more family disturbances, and greater social anxiety and isolation. The finding that long-term clients were more likely to take psychoactive medication during psychotherapy also suggested that more disabling pathology was seen in this group.

In this context, the finding that long-term clients more frequently had insurance does not lead to the conclusion that third party payment encourages "recreational use" of psychotherapy. Long-term clients at intake showed a greater degree of psychopathology in their psychological testing that would be consistent with a need for greater time in psychotherapy. The results of the multiple regression analyses supported this interpretation. Insurance

coverage and medication were predictive of length of stay in psychotherapy only when level of pathology as reflected by the psychometric variables was ignored.

The results have implications for the differential indications for long and short-term psychotherapy. This private practice population consisted almost exclusively of persons who would be considered appropriate candidates for long-term psychotherapy. And yet, the relatively less disturbed people seemed to be selecting themselves out of psychotherapy before the long-term range was reached while the relatively more disturbed remained. These data support the numerous practitioners who have suggested that short-term psychotherapy is appropriate for the relatively well-functioning client.

The results of this study must be considered tentative since they were not subjected to cross-validation. Insufficient clients were available in the present setting to attempt cross-validation. The major contribution of the study is that it was conducted in a rarely studied treatment setting and allowed exploration of variables not always relevant in the public setting.

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